MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1950

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) James (Last) Adcock

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept-25-1912

9. AGE last birthday: 37 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oysterman

10b. KIND OF BUSINESS OR INDUSTRY: Yacht

11. BIRTHPLACE (State or foreign country): Ridgely Mississippi

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Daniel Adcock

14. MOTHER'S MAIDEN NAME: Mildred Rummerling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Anne Barbara Adcock-Deale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Failure — Interval between onset and death:

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic insufficiency — Interval between onset and death:

(c) Rheumatic heart disease — Interval between onset and death:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 49, to May 11, 19 50, that I last saw the deceased alive on March, 19 49, and that death occurred at 10.20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Emily H Wilson M.D ADDRESS Lothian Md DATE SIGNED 5-13-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE May 13-1950 NAME OF CEMETERY OR CREMATORY Deale Cemetery LOCATION (City, town, or county) Deale (State) Md

DATE REC'D BY LOCAL REG. May-13-50 REGISTRAR'S SIGNATURE J. B. Dent

24. FUNERAL DIRECTOR T. A Hardesty & Son ADDRESS Galesville Md

25. Certificate as corrected by County Registrar. The Local Registrar.

MARGIN RESERVED FOR BINDING

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04776

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Margarets; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Maidstone Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Margarets; STREET ADDRESS (If rural give location) Maidstone Farm

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Estes (Last) Atterbury

4. DATE OF DEATH: (Month) May (Day) 30th (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Aug-28th-1875

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Major U.S.A. Ret.

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): Newark N. Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Atterbury

14. MOTHER'S MAIDEN NAME: Sarah Hayo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): V

16. SOCIAL SECURITY NO.:

17. INFORMANT: Gerald Atterbury St Margarets

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis

002x 13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) pulmonary tuberculosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: home (CITY OR TOWN) Annapolis (COUNTY) A. A. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 5 - 30 1950 7 a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2 F, 1950, to 5-30, 1950, that I last saw the deceased alive on 5-30, 1950, and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE: Emily H. Wilson (Degree or title) M.D. ADDRESS Lothian, Md. DATE SIGNED 5-31-50

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 6-1-50; NAME OF CEMETERY OR CREMATORY St Margarets; LOCATION (City, town, or county) St Margarets (State) A.A. Co. Md.

DATE REC'D BY LOCAL REG. June 1, 1950; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: John M. Taylor & Son ADDRESS Annapolis Md

15696

RECEIVED
JUN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04777

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A45

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel Md
LENGTH OF STAY (in this place): 22 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY: 624 8th Street
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): Laurel Md.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Harry (Last) Baker

4. DATE OF DEATH: (Month) 5 (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5 - 7 - 1911

9. AGE last birthday: 39 yrs. If under 1 year: Months 0 Days 0 If under 24 hrs.: Hours 0 Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inmate

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Baker

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Records from District Training School Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Brain Tumor	8 Years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Same as above	
	(c) Mental Deficiency	

237 x
572

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13/49, 19....., to 5/8/50, 19....., that I last saw the deceased alive on 5/8/50, 19....., and that death occurred at 1201 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS D.T.S. Laurel Md. DATE SIGNED 5/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5/9/50 — NAME OF CEMETERY OR CREMATORY: D.T.S. Burial Grounds — LOCATION (City, town, or county) (State): Anne Arundel Md

DATE REC'D BY LOCAL REG. 5-9-50 — REGISTRAR'S SIGNATURE: Clara Haslup

24. FUNERAL DIRECTOR — ADDRESS: K.B. Jones M.D. Supt. Laurel Md.

XVXXX

RECEIVED
JUN 8 1950
U. S. BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04778

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bar Harbor — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnson Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY AnneArundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bar Harbor
STREET ADDRESS (If rural, give location) Johnson Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Calvin (Last) Bayne, Sr.

4. DATE OF DEATH: (Month) May (Day) 8, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept.2,1892

9. AGE last birthday: 57 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Amer. Ice Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William C. Bayne

14. MOTHER'S MAIDEN NAME: Carrie E. Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 214-01-5138

17. INFORMANT AND ADDRESS: Mrs.Lillie M.Bayne Bar Harbor,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

150x **Immediate cause** (a) Carcinoma of tongue and

46b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) also Malignancy and cardiac failure of 2 months

(c) Gastric hemorrhage 2 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950, to May 8, 1950, that I last saw the deceased alive on May 5, 1950, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Isaac Miller M.D. ADDRESS 1228 S. Charles St Balto 5 DATE SIGNED 5/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 5-11-50 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Brooklyn Md. 5/9/50

DATE REC'D BY LOCAL REG. May 10, 1950 — REGISTRAR'S SIGNATURE A. W. Nedrich

24. FUNERAL DIRECTOR ADDRESS G.Howard Strong 3207 W.North Ave.,

156 X3

04779

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY A. A. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Antwell Md — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Antwell A. A. Co. Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Jane	(Last) Bias	4. DATE OF DEATH	(Month) May (Day) 13 (Year) 1950
5. SEX Female	6. COLOR OR RACE Colored	7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH about 1877	9. AGE last birthday 73 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY House work	11. BIRTHPLACE (State or foreign country) Notinham P. G. Co	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Bias		14. MOTHER'S MAIDEN NAME Warren			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. no	17. INFORMANT AND ADDRESS Ada Magruder Landover Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock	12 hours
Antecedent cause(s)	(b) Severe Vomiting	12 "
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinoma of intestine or stomach	2-4 years

153x

46b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1950, to 5-13, 1950, that I last saw the deceased alive on 5-13, 1950, and that death occurred at 11.30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Barbara Hunt M. D.		Deale, Md.	5-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 17 1950	NAME OF CEMETERY OR CREMATORY Walkers Cem	LOCATION (City, town, or county) Drury A. A. Co (State) Md
DATE REC'D BY LOCAL REG. May. 16-50	REGISTRAR'S SIGNATURE I. B. Dent	24. FUNERAL DIRECTOR T. A. Hardisty & Son	ADDRESS Galesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAY 17 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 04780 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Anne Arundel Co.
City or town: Riviera Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 Yr.
Hospital, institution or street address where death occurred:
Tuckwood Rd.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Anne Arundel Co.
City or town: Riviera Beach
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Tuckwood Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Mary (Mollie) A. Bono.

3.(b) Social Security Number:

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed.
6.(b) Name of husband or wife: John Bond.
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): 4/7/1871
8. AGE: Years: 79 Months: 1 Days: 18 If less than one day: hrs. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John Dolphus
13. Birthplace: Maryland.
MOTHER 14. Maiden name: Unknown
15. Birthplace:
16. Informant: Mrs. Catherine Naser. Address: Tuckneck Rd
17. Burial (burial, cremation, or removal. Which?) Date thereof: 5/29/50 (month) (day) (year)
Cemetery or crematory: Loudon Pk. Cem.
Location: Frederick Rd.
18. Funeral director: James H. Lyons
Address: 4011 Ritchie Hwy.
19. MAY 28 1950 19 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 25 1950 at 10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1950, to May 25 1950 and that I last saw h... alive on May 25 1950

	DURATION
Immediate cause of death: Heart Failure	3 days
Due to: Degenerative Cardio Vascular Disease	3 years
Due to: Arteriosclerotic Cardio Vascular Disease	3 years
Other conditions: 422.1 93d	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: G. Brady Smith M.D. M. D. or other
Address: Riviera Beach, Md. Date signed: 5/26/50

RECEIVED
JUN 1 1950
BUREAU F. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21 — 04781

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 25 Larkins street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural give location): 25 Larkins street

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Edward (Last) Boston

4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 19 50

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: about 1898

9. AGE last birthday: 51 yrs. — If under 1 year: Months 2, Days 7 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Comerial fishermen

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Annapolis Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Boston

14. MOTHER'S MAIDEN NAME: Nellis Acres

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ------ (If yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. ----------

17. INFORMANT: Lena Stanton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	1 day
410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 928	(b) Mitral Insufficiency	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1950, to 5/6, 1950, that I last saw the deceased alive on 5/6, 1950, and that death occurred at 9:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Theodore D. Johnson M.d. 40 Northwest State Annapolis, Md

23. BURIAL, CREMATION / REMOVAL (Specify): burial — DATE THEREOF: 5/10/50 — NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery — LOCATION (City, town, or county) (State): Annapolis Maryland

DATE REC'D BY LOCAL REG.: May 10, 1950 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR ADDRESS: Mrs. Charles E Hicks 45 Northwest st.

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MAY 11 1950
BUREAU OF S

04782

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH — COUNTY: Anne Grundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severna Park
LENGTH OF STAY (in this place): 35 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedar Crest Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severna Park
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) (Last) Brown
4. DATE OF DEATH (Month) May (Day) 4 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH: 9/1/1879
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Simon S. Brown
14. MOTHER'S MAIDEN NAME: Sallie Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Records Nursing Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) General arterio-sclerosis — 35 days?

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/50, 19....., to 5/3/50, 19....., that I last saw the deceased alive on 5/3/50, 19....., and that death occurred at 12 30 A m., from the causes and on the date stated above.

SIGNATURE: Gustave H. Fauber (Degree or title) MD. — ADDRESS: Glen Burnie, Md. — DATE SIGNED: 5/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/5/50 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 5/5/50 — REGISTRAR'S SIGNATURE: H. W. Hedrick Dom — 24. FUNERAL DIRECTOR: Wm Cook Inc. 1217 St. Paul St. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

64783

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH · COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Balti. County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place) 2 mos. 0 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	STREET ADDRESS (If rural, give location) 520 Main Street

3. NAME OF DECEASED (Type or Print)	(First) Lawrence	(Middle) Edward	(Last) Bullock	4. DATE OF DEATH	(Month) 5/24/50 (Day) (Year) 19
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 1/11/13	9. AGE last birthday 37 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY Unemployed none		11. BIRTHPLACE (State or foreign country) Lenburg, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Howard Wade Bullock			14. MOTHER'S MAIDEN NAME Tillie Hurt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) xxxx (If year, give war or dates of service) xxxxxxxx	16. SOCIAL SECURITY NO. 217-14-6131		17. INFORMANT AND ADDRESS Hospital Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Catatonic Exhaustion	known since 5/17/50
Antecedent cause(s)		
300.2 84 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Schizophrenia, Catatonic Type	known since 3/17/50
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 3/17/50, 19....., to 5/24/50, 19....., that I last saw the deceased alive on 5/24/50, 19....., and that death occurred at 8:30 P. m., from the causes and on the date stated above.

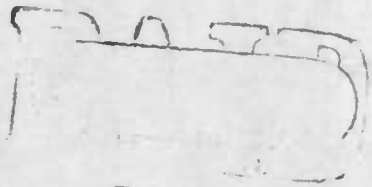
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jacob Morgenstern M.D.		Crownsville, Maryland	5/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 27/50	NAME OF CEMETERY OR CREMATORY Mt Calvary Cem	LOCATION (City, town, or county) A A County (State) Md
DATE REC'D BY LOCAL REG. 5/26/50	REGISTRAR'S SIGNATURE A. W. Hedrick Dep	24. FUNERAL DIRECTOR Mrs Robert A. Elliott & Daughter	ADDRESS 1129 N. Carolina St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



THA[illegible]
M[illegible] ROBERT A. [illegible]IOTT
[illegible]ND DAUGH[illegible]

Evidence for change of birth date shown on:

FILM No. G 126 MAY 29 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04784

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Spa View Ave	STREET ADDRESS (If rural give location) 20 Spa View

3. NAME OF DECEASED (Type or Print)	(First) Jesse	(Middle) W.	(Last) Cadle	4. DATE OF DEATH (Month) 5 (Day) 19 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH 4-22-~~50~~ 1873	9. AGE last birthday 77 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Ret.	10b. KIND OF BUSINESS OR INDUSTRY House Bld.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY N. S. A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Chas W. Cadle Annapolis Md.		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Prostate c̄	
177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 51b	(b) Generalized metastases	2 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Nil	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1948 to May 19, 1950, that I last saw the deceased alive on May 19, 1950, and that death occurred at 3.30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Maurice Klawans	Md	Annapolis, Md	5/21/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~	DATE THEREOF 5-22-50	NAME OF CEMETERY OR CREMATORY London Park	LOCATION (City, town, or county) Balto	(State) Md.
DATE REC'D BY LOCAL REG. 5/22/50	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR John M. Taylor Son	ADDRESS Annapolis Md.	

308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14785 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
   LENGTH OF STAY (in this place) 4 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
   STREET ADDRESS (If rural, give location) 28 South Port Street

3. NAME OF DECEASED (Type or Print): (First) Osborne (Middle) (Last) Chase

4. DATE OF DEATH: (Month) 5 (Day) 11 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1889?

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Farm hand

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Chase

14. MOTHER'S MAIDEN NAME: Jenny Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - - - - - (If year, give war or dates of service): - - - - -

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemiplegia - Coninuous seizures

334X Antecedent cause(s)

83d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — Known to us since adm. 8/13/45

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - - - - - - 19b. MAJOR FINDINGS OF OPERATION: - - - - - - - - -

RECEIVED
MAY 15 1950
BUREAU V. S.

Evidence for addition of #18 shwon on:

FILM No. G 126 JUN 7 1950

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

P4786 25

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn — LENGTH OF STAY (In this place) 5 months HOSPITAL OR INSTITUTION OR STREET ADDRESS 5227 - Kramme Ave.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
James Norman CHAVIS	May 22 1950	M	W.		11/27/49	5 months yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Franklin Square Hosp. Baltimore	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jarvis N. Chavis	Constance Roland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.		Parents.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Interstitial pneumonitis due to	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) staphylococcus septicemia	
	(c) (6/7/50 akc)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Russell L Fisher MD	700 Fleet ST - Balto.	5/22/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B.	5-25-50	GLEN HAVEN	GLEN BURNIE.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/23/50	R W Hedrick	James L. McCauley	130 E. Fort Ave.

2-0-A-27-9-17-2-40-3

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04787

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: AA General Hospital
COUNTY: Annapolis, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: AA General Hospital Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Annapolis, AA COUNTY: Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): 49 Lafayette Ave.

3. NAME OF DECEASED (Type or Print): (First) Oramae (Middle) H. (Last) Conrad

4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 1950

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 5-13-1903

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Piston & Ring Factory

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New Orleans La.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Helmesteter

14. MOTHER'S MAIDEN NAME: Emma Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 7

17. INFORMANT: Frank Edward Conrad

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Edema	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hyperthyroidism	6+ mos
	(c) Hypertensive Cardiovascular D.	6+ yrs.

443x

63b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: (d) Acute Renal Shut Down — 1 wk

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5/16/1950, to 5/20, 1960, that I last saw the deceased alive on 5/20/1950, and that death occurred at 1:45 p m., from the causes and on the date stated above.

SIGNATURE: Frank M. Shirley (Degree or title) M.D. ADDRESS: 63 College Ave Annapolis DATE SIGNED: 5/23/50

23. BURIAL, CREMATION REMOVAL (Specify): B

DATE THEREOF: 5-24-50

NAME OF CEMETERY OR CREMATORY: Brewer Hill Cemetery

LOCATION (City, town, or county): Annapolis AA (State): Md

DATE REC'D BY LOCAL REG.: May 24, 1950

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: William Reese 2nd ADDRESS: 108 Wash. St. Annapolis, Maryland

XVX 37

RECEIVED
MAY 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04788

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maryland House of Correction

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Unknown. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown.
STREET ADDRESS (If rural, give location) Unknown.

3. NAME OF DECEASED (Type or Print) (First) Stewart (Middle) (Last) Cooper.
4. DATE OF DEATH (Month) May (Day) 3 (Year) 1950
5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single.
8. DATE OF BIRTH 8/7/11
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.
10b. KIND OF BUSINESS OR INDUSTRY Janitor
11. BIRTHPLACE (State or foreign country) Atlantic City N. J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edward Cooper
14. MOTHER'S MAIDEN NAME Amelia Cooper?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Woods Nar II
16. SOCIAL SECURITY NO. 020-14-0545
17. INFORMANT Md. House of Correction Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

977X Immediate cause (a) Laceration of throat-self
164d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) inflicted with a Gem-single
(c) edge raz-a blade."

INTERVAL BETWEEN ONSET AND DEATH: 2.40 hr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Cell Md. House of Correction. (CITY OR TOWN) Jessups. (COUNTY) A. A. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Faubert M.D. (Degree or title) assistant medical examiner. ADDRESS Glen Burnie, Md. DATE SIGNED 5/3/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/9/50
NAME OF CEMETERY OR CREMATORY Mt. Auburn
LOCATION (City, town, or county) Baltimore (State) Md.
DATE REC'D BY LOCAL REG. May 6-50
REGISTRAR'S SIGNATURE Clara Naslup
24. FUNERAL DIRECTOR Robert L. Young ADDRESS 1532 E. Monument St. Balto. (5) Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 10 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11478?

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgely Road in woods

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodland Beach, Edgewater
STREET ADDRESS (If rural, give location) Ridgely Road

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) EDWARD (Last) CRAWFORD

4. DATE OF DEATH: (Month) May (Day) 22, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov. 26, 1934

9. AGE last birthday: 15 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student

10b. KIND OF BUSINESS OR INDUSTRY: high school

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Malcolm H. Crawford

14. MOTHER'S MAIDEN NAME: Dorothy Best

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Dorothy Shanks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to hanging

E974X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

E164a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: woods | (CITY OR TOWN) (COUNTY) (STATE): woods in Woodland Beach, Anne Arundel, Md.

TIME OF INJURY: (Month) Found: May (Day) 22, (Year) 1950 (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Hanged self by belts from tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Carl L Royer (Degree or title) M.D. ADDRESS: 700 Fleet St. Baltimore 2, Maryland, DATE SIGNED: May 22,1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-25-50 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: May 24, 1950 | REGISTRAR'S SIGNATURE: Edward Colbenson

24. FUNERAL DIRECTOR: B.L. Hopping and Son ADDRESS: Annapolis, Md.

RECEIVED
MAY 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04790

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
LENGTH OF STAY (in this place) 86 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Wm. (Last) Disney
4. DATE OF DEATH (Month) May (Day) 31 (Year) 1950

5. SEX Jm
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH About 1863
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Odenton
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Tippet
14. MOTHER'S MAIDEN NAME Margaret Ann Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Annie Mae Disney – Odenton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure — Interval Between Onset and Death: Suddenly

442x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Renal Disease — 1 yr

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1 – 1950, to May 31 – 1950, that I last saw the deceased alive on May 30, 1950, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE Joseph Lipskey (Degree or title) ADDRESS Odenton Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-3-1950
NAME OF CEMETERY OR CREMATORY Nichols Memorial Cem.
LOCATION (City, town, or county) Odenton (State) Md.

DATE REC'D BY LOCAL REG. 6/1/50
REGISTRAR'S SIGNATURE L. J. De Alba
24. FUNERAL DIRECTOR May V. Singleton ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
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BUREAU V. R.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04791

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood Rural
STREET ADDRESS (If rural give location) Harwood Post Office

3. NAME OF DECEASED (Type or Print) (First) LINDA (Middle) RUTH (Last) DOEPKINS

4. DATE OF DEATH (Month) May (Day) 16, (Year) 1950 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH March 11, 50

9. AGE last birthday 0 yrs. If under 1 year Months 2 Days 5 If under 24 hrs. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Bernard A. Doepkins

14. MOTHER'S MAIDEN NAME Mary L. Hardesty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT Mr. Bernard A. Doepkins Harwood, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) BRONCHO PNEUMONIA	2 WEEKS
753.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ANOPHTHALMIA - BILATERAL	BIRTH
107	(c) MALNUTRITION - SEVERE	6 WEEKS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Philip Dresser (Degree or title) M.D. ADDRESS 212 Prince George St. Annapolis DATE SIGNED 16 May 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF May 17, 1950

NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

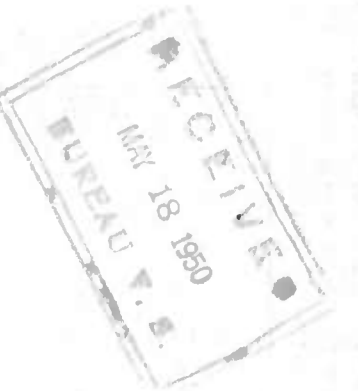
LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REG. May 17, 1950

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR B.L.Hopping and Son ADDRESS Annapolis, Md.

2-0-3-11-0-19-1-40-2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MAY 18 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04792 27

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft Geo G Meade,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New Jersey — COUNTY: Hudson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jersey City
STREET ADDRESS (If rural, give location): 244 Ogden Ave

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) CLIFFORD (Last) DOTY

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 31 July 1922

9. AGE last birthday: 27 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Doty

14. MOTHER'S MAIDEN NAME: Edna Partridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr Benjamin Doty 244 Ogden Ave Jersey City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 May 50
434.1 Antecedent cause(s)		20 May 50
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac dilatation, anasarca	2 May 50
132		20 May 50
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 May, 1950, to 20 May, 1950, that I last saw the deceased alive on 20 May, 1950, and that death occurred at 0350 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. M. TIERNEY, Lt. Colonel, M.C. Ft Geo G Meade, Md 22 May 50

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: 20 May 50
NAME OF CEMETERY OR CREMATORY: Hillside Cemetery
LOCATION (City, town, or county) (State): Jersey City, N.J.

DATE REC'D BY LOCAL REG. 20 May 50
REGISTRAR'S SIGNATURE: E. K. BURNSIDE, Capt., MSC

24. FUNERAL DIRECTOR ADDRESS: Lily & Zeiler, Inc, Balto, Maryland

6086

RECEIVED
MAY 24 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04793

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold — LENGTH OF STAY (In this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Arnold Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold
STREET ADDRESS (If rural, give location) Arnold

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Weaver (Last) Duerbeck

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 2. 1899

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ambulance Attendant

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Hosp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Burk Duerbeck

14. MOTHER'S MAIDEN NAME: Elizabeth Bauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. H.W. Duerbeck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Suicide	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) .32 cal. Bullet-wound in right temple	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) of INJURY: at Home — (CITY OR TOWN): Arnold — (COUNTY): A.A. — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): May 26 1950 ? m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Bullet wound in right temple.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: John M. Caffey M.D. (Degree or title) Deputy Medical Examiner — ADDRESS: Annapolis Md. — DATE SIGNED: 5-26-50

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 5-29-1950 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff — LOCATION (City, town, or county): Annapolis — (State): Md.

DATE REC'D BY LOCAL REG.: May 29, 1950 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: John M. Taylor Son — ADDRESS: Annapolis Md.

42092

RECEIVED
MAY 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04794

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH · COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Mayland COUNTY: Balt.City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville — LENGTH OF STAY (in this place): 12 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital	STREET ADDRESS (If rural, give location): 945 West Lexington Street ✓

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle)	(Last) Dyson	4. DATE OF DEATH	(Month) 5/4/50 (Day) (Year) 19
5. SEX: male	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: not known	9. AGE last birthday: 80 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): common laborer	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Henry Dyson	14. MOTHER'S MAIDEN NAME: Not known				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ~~****~~ (If year, give war or dates of service) ~~**********~~	16. SOCIAL SECURITY NO. ~~************~~	17. INFORMANT AND ADDRESS: Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	known since 1/25/50
422.2 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Senile Psychosis, Paranoid Type	known since 5/9/38

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none	(CITY OR TOWN) (COUNTY) (STATE): none
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 5/9/38, 19....., to 5/4/50, 19....., that I last saw the deceased alive on 5/4/50, 19....., and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jacob Marquette M.D.		Crownsville, Md.	5/5/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE: 5/16-50	NAME OF CEMETERY OR ~~CREMATORY~~: Hospital ~~Records~~	LOCATION (City, town, or county) (State): Crownsville Md
DATE REC'D BY LOCAL REG.: 5/16-50	REGISTRAR'S SIGNATURE: E.F. Joyce Local Reg	24. FUNERAL DIRECTOR: Supt Hospital	ADDRESS: Crownsville Md

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04795

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; STREET ADDRESS (If rural give location): 229 West Street

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) E (Last) ENGELKE

4. DATE OF DEATH: (Month) 5-11-50 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-6-1885

9. AGE last birthday: 65 yrs. If under 1 year: Months 3 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adam Nine

14. MOTHER'S MAIDEN NAME: Elizabeth Baum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Lloyd Potter Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dilatation of Heart	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Glomerulonephritis	unknown
	(c)	

593X
95c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) Annapolis (COUNTY) Anne Arundel (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: 5-11-50 2:50A.M. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? sudden

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John M. Duffy (Degree or title): Depty Medical Examiner ADDRESS: 98 Gloucester St. Annapolis DATE SIGNED: 5-11-50

John M. Duffy MD. for A.A. County

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 5-13-50 NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: May 12, 1950 REGISTRAR'S SIGNATURE: [signature] 24. FUNERAL DIRECTOR ADDRESS: B. L. Hopping and Son Annapolis, Md

RECEIVED
MAY 13 1950
BUREAU, V. S.

04796

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
LENGTH OF STAY (in this place) 13 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Governor Ritchie Hghwy

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
STREET ADDRESS (If rural, give location) Governor Ritchie Hghwy

3. NAME OF DECEASED (Type or Print) (First) ELWIN (Middle) E~ (Last) EVERETT
4. DATE OF DEATH (Month) May (Day) 26 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb 23, 1891
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10b. KIND OF BUSINESS OR INDUSTRY Painting
11. BIRTHPLACE (State or foreign country) Nebraska
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Walker Everett
14. MOTHER'S MAIDEN NAME Levinia Rock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. William W. Everett; Pasadena Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 months

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to May, 1950, that I last saw the deceased alive on 5/26, 1950, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE Gustave H. Pauber M.D. (Degree or title) ADDRESS Glen Burnie, Md. DATE SIGNED 5/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF MAY 29, 1950
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) Glen Burnie (State) Md

DATE REC'D BY LOCAL REG. 5/29
REGISTRAR'S SIGNATURE L. J. De Alba
24. FUNERAL DIRECTOR Thomas W. Singleton ADDRESS Glen Burnie Md

3404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 31 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04797
Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laurel; LENGTH OF STAY (in this place) 16 years 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 3607 - 13th St. N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lois	Marlee	Fowler	May	28	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	single	Feb 25 1917	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Washington, D.C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wade H. Fowler	Bertha B. —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	D.T.S. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bilateral broncho pneumonia	48 hours
491X Antecedent cause(s)		
82 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Spastic diplegia - mental deficiency — Since birth

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct 23, 1946, to May 28, 1950, that I last saw the deceased alive on May 28, 1950, and that death occurred at 6 51 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. A. Alston, M.D.	District Training School Laurel Md.	5-29-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	31 May 1950	Cedar Hill Cemetery	Suitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 29-50	Clara Hasluh	J. Davis Sons [redacted]	Hyattsville Md.

RECEIVED
JUN 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04798

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodland Beach; STREET ADDRESS (If rural, give location): Edgewater Post Office

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JEANNETTE	Y	GILMORE	May 9 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	~~May~~ October 1, 1907	42 yrs.	7 / 8	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	own	Fall River, Mass.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Victor Picard	Clorinda Fournier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no / no	none	Mr. Hervey O. Gilmore Edgewater, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Circulatory failure	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Perforated duodenal ulcer	7 days
	(c)	

541.1 117

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8 May, 1950, to 9 May, 1950, that I last saw the deceased alive on 9 May, 1950, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Donald H. Hunter	M.D	53 Cornhill St. Annapolis, Md	10 May 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 13, 1950	St. Mary's Cemetery	Annapolis, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 12, 1950	[signature]	B.L. Hopping and Son	Annapolis, Md.

VS. A15

RECEIVED
MAY 13 1950
BUREAU V. S.

The record clerk at Anne Arundel General Hospital says the record shows that Jeannette Gilmore died 7:45 P.M. May 9,1950

MARYLAND STATE DEPARTMENT OF HEALTH

Stub of Death Certificate Copy

Registration Dist. No......

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04799

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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VS. A15

1. PLACE OF DEATH: COUNTY A. A. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) William (Last) Green

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: Dec. 17 1879 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months 5 Days 24 | If under 24 hrs.: Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dredging Oysters | 10b. KIND OF BUSINESS OR INDUSTRY: Oysterman | 11. BIRTHPLACE (State or foreign country): Annapolis | 12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: Louis Green | 14. MOTHER'S MAIDEN NAME: Henretta Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) not | 16. SOCIAL SECURITY NO.: 214-05-2003 | 17. INFORMANT AND ADDRESS: Agnes Brent, Parole, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis

002x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED Whilo at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7 '44, to 5-13, 1950, that I last saw the deceased alive on 5-12, 1950, and that death occurred at 1904 m., from the causes and on the date stated above.

SIGNATURE T. T. Allen (Degree or title) MD | ADDRESS 10 Carvel | DATE SIGNED 5-15-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 17 1950 | NAME OF CEMETERY OR CREMATORY Brewer Hill | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. May 16, 1950 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR J. B. Johnson | ADDRESS Annapolis 34 Lafayette Ave. 100 V1

RECEIVED
MAY 17 1950
BUREAU V. S.

Informant &
AGE: affidavit of informant filmed G126 5-24-50 L

04800

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riviera Beach
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harlem Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oliver Beach, Chase
STREET ADDRESS (If rural, give location) 192 Greenbank Road

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) HENRY (Last) GROSS JR
4. DATE OF DEATH (Month) MAY (Day) 21 (Year) 1950

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 23 1895
9. AGE last birthday 1894 54 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor
10b. KIND OF BUSINESS OR INDUSTRY R.R.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN HENRY GROSS, SR.
14. MOTHER'S MAIDEN NAME Carolina Kroeber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Elizabeth G. Gross
G. E. GRACE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary occlusion	sudden
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	unknown
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Claffey, M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis Md DATE SIGNED 5-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/24/50
NAME OF CEMETERY OR CREMATORY Zion Lutheran
LOCATION (City, town, or county) Balto. Co Md (State)

DATE REC'D BY LOCAL REG. 5/22/50
REGISTRAR'S SIGNATURE A.W. Hedrick Dm
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

10247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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T

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04801

FILM No. G 126 MAY 24 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) Clay Street, Extended

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) (Last) HALL

4. DATE OF DEATH (Month) MAY (Day) 17 (Year) 1950

5. SEX Male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH April 10, 1887 | 9. AGE last birthday 63 ~~6 7 68~~ yrs. | If under 1 year Months 1 Days 7 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (no special work) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) West River A.A. Co. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Hall | 14. MOTHER'S MAIDEN NAME Eliza Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Alexandra Hall

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Urinary Extravasation	2 days
177X 51b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Prostate Gland	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5-16-50 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate Gland. | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-21-1950 to 5-17, 1950, that I last saw the deceased alive on 5-17-1950, and that death occurred at 5 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jane R. Martin, MD, Annapolis, Md 5-17-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 20, 1950 | NAME OF CEMETERY OR CREMATORY Brewer Hill | LOCATION (City, town, or county) (State) Annapolis, Md

DATE REC'D BY LOCAL REG. May 19, 1950 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR J.B. Johnson, Annapolis, Md. | ADDRESS P.O. Box 462

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 22 1950
ST. HEAD V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04802

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater Md — LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewater Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Ann (Last) Hall

4. DATE OF DEATH (Month) May (Day) 23 (Year) 1950

5. SEX: F

6. COLOR OR RACE: Cl

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 1867

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Frazier

14. MOTHER'S MAIDEN NAME: Frazier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no.

16. SOCIAL SECURITY No.: [illegible]

17. INFORMANT: Jerome Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Apoplexy	10 days
443x Antecedent cause(s)	(b) Hypertensive Cardio-Vascular Disease	3 yrs
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19, 1950, to 5/23, 1950, that I last saw the deceased alive on 5/23, 1950, and that death occurred at 6 P. m., from the causes and ~~on the date~~ stated above.

SIGNATURE: Theodore H. Johnson M.D. (Degree or title) — ADDRESS: 48 Northwest Street Annapolis, Md — DATE SIGNED: 5/23/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE: May 26-1950 — NAME OF CEMETERY OR CREMATORY: Dan'l Star Cem. — LOCATION (City, town, or county) (State): West River Md

DATE REC'D BY LOCAL REG.: May 25, 1950 — REGISTRAR'S SIGNATURE: Edward Collenson

24. FUNERAL DIRECTOR: T. A. Hardesty & Son — ADDRESS: Galesville

52086

RECEIVED
MAY 29 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04803

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mago Vista
STREET ADDRESS (If rural, give location) Arnold Post Office

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) C. (Last) Hayes

4. DATE OF DEATH (Month) 5 (Day) 27 (Year) 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 2-17-1894

9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) C.M.M. U.S.N.Ret.

10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME NICHOLAS HAYES

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Madaline R. Hayes Arnold Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

162x Immediate cause (a) Carcinoma of Lung, rt. C ?

47d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 2, 1950, to May 27, 1950, that I last saw the deceased alive on May 26, 1950, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE M. Klawans (Degree or title) MD ADDRESS Annapolis, Md DATE SIGNED 5/27/50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE THEREOF 5-31-50 NAME OF CEMETERY OR CREMATORY Balto National LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. May 29, 1950 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

15696

RECEIVED
MAY 31 1950
BUREAU P. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04804

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie

LENGTH OF STAY (in this place) 6 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS 37 Old Annapolis Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ? COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Ellen Glenn Healy

4. DATE OF DEATH (Month) (Day) (Year) May 23 1950 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 6/17/73

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Hopkinsville, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Daniel Glenn

14. MOTHER'S MAIDEN NAME Anna Eliza Leer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs Harriet Faro

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Arterio-slerotic valvular diseases	?
92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Asthenia	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Pauker MD (Degree or title) (assistant medical examiner) ADDRESS Glen Burnie Md. DATE SIGNED 5/25/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF MAY 25, 1950

NAME OF CEMETERY OR CREMATORY GLEN HAVEN

LOCATION (City, town, or county) GLEN BURNIE (State) MD

DATE REC'D BY LOCAL REG. 5/25

REGISTRAR'S SIGNATURE L. J. DeAlba

24. FUNERAL DIRECTOR Thomas W. Singleton ADDRESS Glen Burnie Md.

RECEIVED
MAY 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04805

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 160 Green St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; STREET ADDRESS (If rural give location) 160 Green St.

3. NAME OF DECEASED (Type or Print): (First) Amos (Middle) Russell (Last) Henry

4. DATE OF DEATH: (Month) 5 (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 10-3-1888

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Personnel Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Chemical Plant.

11. BIRTHPLACE (State or foreign country): Coatesville Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis H. Henry

14. MOTHER'S MAIDEN NAME: Virginia A. Wann.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-01-9573

17. INFORMANT: Eleanor H. Henry Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

161x Immediate cause (a) Carcinoma of Larynx with metastasis to Bone — Interval Between Onset and Death: 2 yrs.

47a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug. 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Larynx

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1950, to May 29, 1950, that I last saw the deceased alive on 5-28-, 1950, and that death occurred at 2.35 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James R. Martin M.D. ADDRESS Annapolis, Md. DATE SIGNED 5-29-50

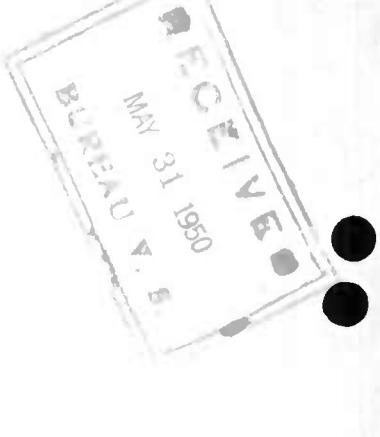
23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 6-1-50 | NAME OF CEMETERY OR CREMATORY Cedar Bluff | LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. May 29, 1950 | REGISTRAR'S SIGNATURE W. D. Branch

24. FUNERAL DIRECTOR John M. Taylor Son ADDRESS Annapolis Md.

VS. A15

V52 77


RECEIVED
MAY 31 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04806

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Anne Arundle; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patapsco Park; MARYLAND; LENGTH OF STAY (In this place) 17 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 329 Elizabeth Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patapsco Park; STREET ADDRESS (If rural, give location) 329 Elizabeth Ave

3. NAME OF DECEASED (Type or Print): (First) Sadie (Middle) (Last) Huston

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 10. 1896

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Worker

10b. KIND OF BUSINESS OR INDUSTRY: Power Machine Operator

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Grimes

14. MOTHER'S MAIDEN NAME: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Remus Huston 329 Elizabeth Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 3-4 wks.

420.0

Antecedent cause(s)

13/a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic nephritis — unknown

(c) Hypertensive Arteriosclerotic Heart Disease — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1950, to May 5, 1950, that I last saw the deceased alive on May 5, 1950, and that death occurred at 9:05 P m., from the causes and on the date stated above.

SIGNATURE C. Milton Linthicum (Degree or title) M.D. ADDRESS Linthicum Heights, Md. DATE SIGNED May 8, 1950.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE May 9 1950 — NAME OF CEMETERY OR CREMATORY Mt Arburn Cem. — LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 5/9/50 — REGISTRAR'S SIGNATURE A.W. Hedrich

24. FUNERAL DIRECTOR Elroy O. Wilson — ADDRESS 1000 Brantly Ave

L. C. L.

496 - 44

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

014817

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROOKLYN.
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4208 RITCHIE HIGHWAY

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. COUNTY: A.A.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROOKLYN
STREET ADDRESS (If rural, give location): 4208 RITCHIE HIGHWAY

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) DAVID (Last) JOHNSON, SR.

4. DATE OF DEATH: (Month) 5 (Day) 1 (Year) 19 50

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG. 28 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERICAL

10b. KIND OF BUSINESS OR INDUSTRY: CHEMICAL IND.

11. BIRTHPLACE (State or foreign country): MARYLAND.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ALONZO JOHNSON

14. MOTHER'S MAIDEN NAME: NANCY LEE ROBINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: JOHN D. JOHNSON, JR.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-Vascular Disease	1 yr.
422.1 Antecedent cause(s)	(b) Arterio-Sclerosis	5 yr.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Anemia-	1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 16, 19 50, to May 1, 19 50, that I last saw the deceased alive on May 1, 19 50, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas. L. Ball Jr. M.D. ADDRESS: Linthicum DATE SIGNED: mp 5/1/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: 5/4/50
NAME OF CEMETERY OR CREMATORY: GLEN HAVEN
LOCATION (City, town, or county) (State): RITCHIE HIGHWAY

DATE REC'D BY LOCAL REG. 5/3/50
REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: JOHN F. DENNY, INC ADDRESS: 715 LIGHT ST -30 BALTIMORE, MD.

DM

D-11-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04808

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A.A. Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena; STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED (Type or Print): (First) John T. (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) May (Day) 26, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 1, 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): A.A. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Chris Johnson

14. MOTHER'S MAIDEN NAME: Margaret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Rebecca Johnson - Pasadena Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart failure	few min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	approx. 15 years
	(c) old age	

450.0

97

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1949, to May 26, 1950, that I last saw the deceased alive on May 25, 1950, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Randall M. McLaughlin	M.D	RFD5 Box 347 Pasadena, Md.	May 26. 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-30-1950	Magothy	Magothy	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 29-50	A.W. Hedrick	Mrs Katie R Williams	Schroder Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04809

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 733 W. Lexington St.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Goldie		Jones	5	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Negro	Divorced	8-8-11	38 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: P
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 217-14-6493
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiovascular Disease with decompensation

422.1 / **Antecedent cause(s)** 93d — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Schizophrenia — Known to us since admission 12/16/49

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 16., 19 49, to May 10, 19 50 that I last saw the deceased alive on May 10, 19 50, and that death occurred at 5:50 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jacob Augusta (M.D.) — ADDRESS Crownsville, Maryland — DATE SIGNED 5/10/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	5/13/50	Saint Mary's	Raleigh, N. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/11/50	C W Fedrick	Charles L. Law	802 Mad. ave.

J.C.L.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04810

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 1 yr. 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patient from House of Correction
STREET ADDRESS (If rural, give location): Home Address 1300 Matthews Street

3. NAME OF DECEASED (Type or Print): (First) Roosevelt (Middle) (Last) Jordan
4. DATE OF DEATH: (Month) (Day) (Year) 5/5/50 19

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: June 6, 1918
9. AGE last birthday: 31 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Edward Jordan
14. MOTHER'S MAIDEN NAME: Margaret Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service): XXXXXXXXXX
16. SOCIAL SECURITY NO.: not known
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Homicide	Sudden Death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Traumatic Hemorrhage in Region of Respiratory Center	
	(c) Schizophrenia, Paranoid Type	known since 10/26/48

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.): Hospital
(CITY OR TOWN) (COUNTY) (STATE): Crownsville, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): 5 5 50 3:15 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR: Struck by another patient and fell to concrete floor

22. *I certify that I took charge of the remains described above, held an Autopsy* ☑, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☑, *undetermined* ☐.

SIGNATURE: John M. Caffey M.D. (Degree or title) Deputy Medical Examiner ADDRESS: Annapolis, Maryland DATE SIGNED: 5/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): buried
DATE THEREOF: 5/12/50
NAME OF CEMETERY OR CREMATORY: Mt Calvary
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 5-11-50
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Elroy E. Wilson ADDRESS: 1000 Brantley Ave.

VS.A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04811

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 710 Bay Ridge Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
STREET ADDRESS (If rural give location) 710 Bay Ridge Ave

3. NAME OF DECEASED (Type or Print): (First) Clausen (Middle) P. (Last) Kelly

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): M

8. DATE OF BIRTH: 1-3-1890

9. AGE last birthday: 60 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas Station Con. Gas Co

10b. KIND OF BUSINESS OR INDUSTRY: Gas operator Ret

11. BIRTHPLACE (State or foreign country): Eastport

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Lewis P. Kelly

14. MOTHER'S MAIDEN NAME: Julia O'Hara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Josephine Werner Kelly Eastport Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Few days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis Generalized	Several years
	(c) Coronary Sclerosis	Several years

420.1 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis Chr. — Several years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 50, to May 3, 1950, that I last saw the deceased alive on May 3, 19..., and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE: Geo. C. Basil (Degree or title) M.D. ADDRESS: Annapolis Md DATE SIGNED: 5-5-50

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 5-6-1950 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff — LOCATION (City, town, or county) (State): Annapolis Md

DATE REC'D BY LOCAL REG.: May 6, 1950 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: John M. Taylor — ADDRESS: Annapolis Md.

446 84

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04812

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH · COUNTY: Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Balt. City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville — LENGTH OF STAY (in this place): 1 yr. 4 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital	STREET ADDRESS (If rural, give location): 626 W. Redwood Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Henrietta Kenny			4. DATE OF DEATH (Month) (Day) (Year): 5/3/50 19		
5. SEX: female	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: 53 about 1897	9. AGE last birthday: 53 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Jack Kenny		14. MOTHER'S MAIDEN NAME: not known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	known since 4/24/50
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Involutional Psychosis	known since 12/15/48

331x

83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): none	
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 12/15/48, 19....., to 5/3/50, 19....., that I last saw the deceased alive on 5/3/50, 19....., and that death occurred at 5:15 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jacob Morgenstern M.D.		Crownsville Maryland	5/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: May 6, 1951	NAME OF CEMETERY OR CREMATORY: Bullock Cem.	LOCATION (City, town, or county) (State): Tarboro, N.C.
DATE REC'D BY LOCAL REG.: 5/5/50	REGISTRAR'S SIGNATURE: H.W. Hedrick	24. FUNERAL DIRECTOR: Holland Funeral Home	ADDRESS: 1631 Druid Hill Ave.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04813

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MHC Jessups, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore, Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1700 W. Lex. St., Balto. Md.

3. NAME OF DECEASED (Type or Print) (First) Gertha (Middle) Ernest (Last) Leach
4. DATE OF DEATH (Month) May (Day) 5 (Year) 1950
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 14, 1918
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction work
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS MHC. Jessups Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

340.3 Immediate cause (a) Edema of Lungs

81a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Meningitis, Acute Aseptic

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1950 to May 5, 1950, that I last saw the deceased alive on May 5, 1950, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE John A. Clark (Degree or title) ADDRESS DATE SIGNED
John A. Clark, M.D., Physician in Charge, MHC Jessups, Md. 5/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF ?
NAME OF CEMETERY OR CREMATORY Mt Auburn
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. May 8-50
REGISTRAR'S SIGNATURE Clara Haslup
24. FUNERAL DIRECTOR Mrs Katie R. Williams ADDRESS 321 N Schroeder St Balto Md

988V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04814

CERTIFICATE OF DEATH

Reg. Dist. No. 20 / 42

1. PLACE OF DEATH: COUNTY Anne Arundle MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hester (Middle) Valinda (Last) Marlow

4. DATE OF DEATH (Month) May (Day) 14th (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 4-30-1861

9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Falls Church Virginia

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME John T Lynch

14. MOTHER'S MAIDEN NAME Mary Lightfoot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Walter W Marlow (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) congestive heart failure	1 day
442 X 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) cerebral hemorrhage	2 wks
	(c) cardio-vascular-renal disease	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/4/40, 19....., to 5/14/50, 19....., that I last saw the deceased alive on 5/14/50, 19....., and that death occurred at 9 46 p m., from the causes and on the date stated above.

SIGNATURE Robt J Bosworth M.D. (Degree or title) ADDRESS 811-8 N. E. Road 5C DATE SIGNED 5/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF May 17-50 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. May 16-50 REGISTRAR'S SIGNATURE ~~Carrie F. Campbell~~ Mr. Edward Collinson

24. FUNERAL DIRECTOR J Wm Lee Sons Co ADDRESS Washington DC

RECEIVED
MAY 19 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04815

CERTIFICATE OF DEATH

Reg. Dist. No. 23 –

1. PLACE OF DEATH: COUNTY Linthicum Hts Anne Arundel. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Hts

LENGTH OF STAY (in this place) 1 year

HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 S. Hammonds Ferry Rd. Linthicum Hts

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Linthicum Hts COUNTY A. A. Co

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same

STREET ADDRESS Same (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Amos (Middle) Wilson (Last) Mattox –

4. DATE OF DEATH May (Month) May (Day) 25 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov 12 – 1876

9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Social Worker.

10b. KIND OF BUSINESS OR INDUSTRY American Red Cross

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. Mattox –

14. MOTHER'S MAIDEN NAME Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No –

16. SOCIAL SECURITY NO. No

17. INFORMANT Chas Peters, Linthicum Hts Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Valvular Disease of the Heart	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Interstitial Nephritis & Arteriosclerosis	10 years
	(c)	

592x

131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1948, to May 25, 1950, that I last saw the deceased alive on May 24, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE James S. Billingsley (Degree or title) M.D. ADDRESS 108 Central Ave. Glen Burnie Md DATE SIGNED May 25, 1950

23. ~~BURIAL~~ CREMATION REMOVAL (Specify) Burial DATE THEREOF May 28, 1950 NAME OF ~~CEMETERY~~ OR CREMATORY Greenmount LOCATION (City, town, or county) Baltimore Md. (State)

DATE REC'D BY LOCAL REG. 5/26/50 REGISTRAR'S SIGNATURE A.W. Hedrick Dm

24. FUNERAL DIRECTOR Wm J Tickner & Sons Inc ADDRESS North & Pa Aves

496 94

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04816

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
LENGTH OF STAY (in this place) 20 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS # 10 Hammonds Ferry Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
STREET ADDRESS (If rural give location) 10 Hammonds Ferry Rd.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Leonard (Last) Maxwell

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 3, 1884

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Molder - Iron

10b. KIND OF BUSINESS OR INDUSTRY: Metal

11. BIRTHPLACE (State or foreign country): Savanah Ga.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bud Maxwell

14. MOTHER'S MAIDEN NAME: Sadie Christian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 212-07-9563

17. INFORMANT: Mrs. Evelyn Maxwell (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 **Immediate cause**	(a) Cardio - Vascular Disease	7 mos.
51b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio - sclerosis.	10 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer Prostate + spine - 2 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ....., 19 49, to May 6 ....., 19 50, that I last saw the deceased alive on May 6 ....., 19 50, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE: Chas. L. Ball Jr. (Degree or title) M.D. ADDRESS: Linthicum DATE SIGNED: May 5/6/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 5/9/50 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: May 8, 1950 | REGISTRAR'S SIGNATURE: A. W. Stedrick | 24. FUNERAL DIRECTOR: Wm. J. Pickner & Sons ADDRESS: Balto. Md. 33813

Evidence for change of age shown on:

FILM No. G 126 JUN 7 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Evidence for addition in #21 shown on:

FILM No. G 127 JUL 31 195

Reg. Dist. No. 04817

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Severn River, north side of Bridge

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 938 East Eager Street

3. NAME OF DECEASED (Type or Print): (First) FAY (Middle) ALLEN (Last) McCULLOUGH
4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): unk
8. DATE OF BIRTH: March 18, 1914
9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Bethlehem Steel Co
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Winnsboro S.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William McCullough
14. MOTHER'S MAIDEN NAME: Margaret ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.:
17. INFORMANT: William McCullough

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): Severn River, north side of bridge
TIME OF INJURY (Month) (Day) (Year) (Hour): 5-27-50 2.05am.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell over board (accident)(7-31-50 -ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: 700 Fleet Street DATE SIGNED: 5-29-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: June 1, 1950
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Salisbury N. Carolina
DATE REC'D BY LOCAL REG.: 6-1-50
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: Mrs Robert A Elliott & Daughter ADDRESS: 1129 N. Caroline St

98829

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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04818

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 934 West Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 934 West Street

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) FRANKLIN (Last) MONDAY

4. DATE OF DEATH (Month) 5-31-50 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 18, 1853
9. AGE last birthday 96 yrs. If under 1 year Months 9 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith Ret.
10b. KIND OF BUSINESS OR INDUSTRY Own
11. BIRTHPLACE (State or foreign country) Rockville, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Bernard Monday
14. MOTHER'S MAIDEN NAME Mary Dove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS M. W.B. Monday 934 West St. Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592a Immediate cause (a) Cardio Vascular failure — Interval Between Onset and Death: Several hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
131a (b) Marked Arterio Sclerosis — years
(c) Cr. Interstitial Nephritis - General Senility — yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13, 1950, to May 31, 1950, that I last saw the deceased alive on May 30, 1950, and that death occurred at 3 a m., from the causes and on the date stated above.

SIGNATURE J. Oliver Purvis (Degree or title) M.D. ADDRESS Annapolis Md DATE SIGNED 6/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-2-50
NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. June 2, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B.L. Hopping and Son ADDRESS Annapolis, Maryland

302 85

RECEIVED
JUN 3 1950
BUREAU V. R.

04819

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Nutwell
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Nutwell
STREET ADDRESS (If rural, give location) Sudley Road

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Francis (Last) Nutwell
4. DATE OF DEATH (Month) May (Day) 8 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 24, 1876
9. AGE last birthday 73 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm owner Agric
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Marion Nutwell
14. MOTHER'S MAIDEN NAME Rosa Minnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Samuel J. Nutwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Toxemia	6 hrs
Antecedent cause(s)	(b) Intestinal Obstruction	12 hrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertensive C V R Disease	Unk

442 X
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to 8 May, 1950, that I last saw the deceased alive on 8 May, 1950, and that death occurred at 8 30 p.m., from the causes and on the date stated above.

SIGNATURE Robert B Sasser (Degree or title) MD ADDRESS Upper Marlboro Md DATE SIGNED 8 May 50

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ ~~(Specify)~~
DATE May 11, 1950
NAME OF CEMETERY OR CREMATORY Quaker Cem
LOCATION (City, town, or county) Galesville Md (State)

DATE REC'D BY LOCAL REG. May 9-50
REGISTRAR'S SIGNATURE J. B. Dent
24. FUNERAL DIRECTOR T. A. Hardesty + Son Galesville Md ADDRESS

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VV

RECEIVED
MAY 11 1950
BUREAU V.M.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04820

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JACOBSVILLE; LENGTH OF STAY (In this place) 8 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS MOUNTAIN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY A. A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JACOBSVILLE; STREET ADDRESS (If rural give location) MOUNTAIN ROAD

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) EDWARD (Last) PAGE

4. DATE OF DEATH: (Month) MAY (Day) 16 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: ~~(Month) (Day)~~ (Year) 1884?

9. AGE last birthday: about 66 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM-HAND

10b. KIND OF BUSINESS OR INDUSTRY: General farming

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown

16. SOCIAL SECURITY NO. 217-72-1961

17. INFORMANT: Moody C. Schmidt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary occlusion	Sudden
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	unknown
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John M. Cleffe M.D., Deputy Medical Examiner, Annapolis Md May 10, 1950

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY Anatomy Board LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 5-13-50 REGISTRAR'S SIGNATURE R. W. Hedrick

24. FUNERAL DIRECTOR University of Md. Medical School ADDRESS

per. g.

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VS. A15A

RECEIVED
MAY 13 1950
BUREAU V. S.

Evidence for addition as shown in #18

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 127 AUG 23 1950 FOR MEDICAL EXAMINERS

Reg. Dist. No. 04821

1. PLACE OF DEATH · COUNTY: Anne Arundel Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Adams Park to Anne Arundel Hospital	STREET ADDRESS (If rural, give location): Adams Park

3. NAME OF DECEASED (Type or Print)	(First) GWENN	(Middle) DELORES	(Last) PARKER	4. DATE OF DEATH	(Month) May (Day) 17 (Year) 1950 19
5. SEX: Female	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH: 3-21-1947	9. AGE last birthday: 3 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Nelson Parker	14. MOTHER'S MAIDEN NAME: Alverta Sorrell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Nelson Parker			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Undetermined (8/22/50 A.S.)

795.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

200 C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Stanley H. Durlacher (Degree or title) M.D. ADDRESS: 700 Fleet St. Balto. 2, Md. DATE SIGNED: May 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 5-20-1950	NAME OF CEMETERY OR CREMATORY: Davidsonville, Md.	LOCATION (City, town, or county) (State): Davidsonville, Md.
DATE REC'D BY LOCAL REG.: 5-18-50	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: William Leese, II - 108 Washington St. Annapolis, Md.	ADDRESS

74019

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04822

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MHC Jessups, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural, give location) 1012 Peach Street ✓

3. NAME OF DECEASED (Type or Print) (First) Orange (Middle) Henry (Last) Parker

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1950

5. SEX Male

6. COLOR OR RACE Negro

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH 1-1-81

9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY unk.

11. BIRTHPLACE (State or foreign country) Washington, N. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-10-3063

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure

421.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar Pneumonia

108

(c) Asthma and Valvular Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1950, to May 24, 1950, that I last saw the deceased alive on May 24, 1950 and that death occurred at 12:10 a.m., from the causes and on the date stated above.

SIGNATURE John A Clark (Degree or title) ADDRESS DATE SIGNED

John A. Clark M.D., Physician in Charge, MHC Jessups, Md. 5/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF May 30.50 NAME OF CEMETERY OR CREMATORY Mt Auburn LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. May 25-50 REGISTRAR'S SIGNATURE Clara Harlup

24. FUNERAL DIRECTOR Isaiah L Brown Son ADDRESS 108 W Montgomery St

98899

RECEIVED
JUN 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04823

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Obrine Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 16 Obrine Court

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) Parker
4. DATE OF DEATH: (Month) 5 (Day) 17 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1/21/1902
9. AGE last birthday: 48 yrs. If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Janitor
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Annapolis, Maryland
12. CITIZEN OF WHAT COUNTRY? ____

13. FATHER'S NAME: Daniel Brice
14. MOTHER'S MAIDEN NAME: Eva Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) ____
16. SOCIAL SECURITY NO.: 215-18-0623
17. INFORMANT: Lillian Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Apoplexy — 9 days

443X 934 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio- Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ____ m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1950, to May 17, 1950, that I last saw the deceased alive on May 17, 1950, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Theodore G. Johnson M.D. ADDRESS 40 Northwest Street, Annapolis, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/21/1950 | NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery | LOCATION (City, town, or county) (State) West St. Extended Annapolis Md.

DATE REC'D BY LOCAL REG. 5/20/50 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR ADDRESS Mrs. Charles E. Hicks & Son-45 Northwest St.

74099

RECEIVED
MAY 23 1950
BUREAU V. S.

04824

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place) 6 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	STREET ADDRESS (If rural, give location) 1711 Riggs Avenue

3. NAME OF DECEASED (Type or Print)	(First) Bernard	(Middle)	(Last) Perry	4. DATE OF DEATH	(Month) 5	(Day) 23 (Year) 1950
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1901	9. AGE last birthday 49? yrs.	If under 1 year Months — Days —	If under 24 hrs. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Budd Perry			14. MOTHER'S MAIDEN NAME Glasgow			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) General Paresis	Known to us since adm. 4/6/44
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculosis	8/29/46
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1945, to May 23, 1950, that I last saw the deceased alive on May 23, 1950, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jacob Morgenstern M.D.		Crownsville, Maryland	May 23, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/27/50	Mt. Calvary	Cedar Hill Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/24/50	H.D. Redrick	A. Halstead - 918 -	Cedar Hill Ave.

Dm V2840

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

04825

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Bay Head
LENGTH OF STAY (In this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesapeake Bay

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halifax
STREET ADDRESS (If rural give location) R.F.D. #2, Box 74.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) J. (Last) POSAVEC
4. DATE OF DEATH (Month) MAY (Day) 10 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 12-24-21
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN.
10b. KIND OF BUSINESS OR INDUSTRY BRIDGE Building
11. BIRTHPLACE (State or foreign country) STEELTON, PA U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Steve Posavec
14. MOTHER'S MAIDEN NAME Viola BLAGETZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YE (If yes, give war or dates of service) UNKNOWN
16. SOCIAL SECURITY NO. UNKNOWN.
17. INFORMANT John Pennington Employment Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

929.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental

183

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY Bridge Site (Street, farm, factory, street, office, bldg., etc.) Chesapeake Bay (CITY OR TOWN) near Sandy Point (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) MAY (Day) 10 (Year) 1950 (Hour) m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Caffey M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis Md. DATE SIGNED 5-19-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF MAY 22-1950 NAME OF CEMETERY OR CREMATORY HOLY CROSS LOCATION (City, town, or county) HARRISBURG (State) PA.

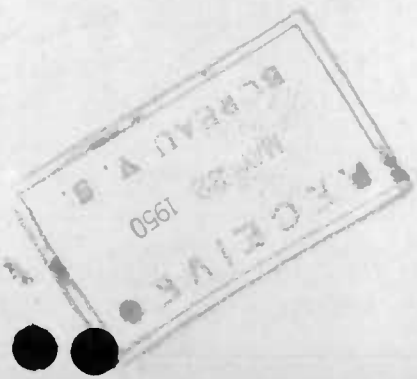
DATE REC'D BY LOCAL REG. 5/19 REGISTRAR'S SIGNATURE L. J. D. Allen
24. FUNERAL DIRECTOR J. W. Singleton ADDRESS Glen Burnie, Md

602 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A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MAR 29 1960
BUREAU U. S.

04826

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural give location) Annapolis Road.

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) (Last) POTEE
4. DATE OF DEATH: (Month) MAY (Day) 18 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	AUG 2 1895	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
PROPRIETOR	RESTAURANT	ITALY	U.S.A

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NONE
17. INFORMANT (Mrs) CORNELIA POTEE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
420.1 Antecedent cause(s) 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	unknown
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John M. Lefty M.D., Deputy Medical Examiner, Annapolis Md. 5/18/50

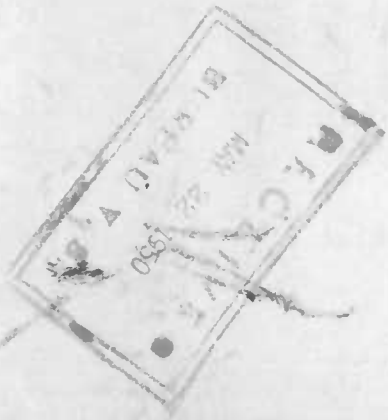
23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF MAY 20, 1950 | NAME OF CEMETERY OR CREMATORY EPIPHANY | LOCATION (City, town, or county) (State) ODENTON, MD

DATE REC'D BY LOCAL REG. 5/19/50 | REGISTRAR'S SIGNATURE L. J. Dolle

24. FUNERAL DIRECTOR Thomas W. Singleton ADDRESS Glen Burnie Md

15671

VS-A15A



#8. See Film 6127
7/24/50 ST.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04827

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eastport
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 409 3rd Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eastport
STREET ADDRESS (If rural, give location): 409 3rd Street

3. NAME OF DECEASED (Type or Print): (First) SUSIE (Middle) J (Last) PRICE

4. DATE OF DEATH: (Month) 5-27-50 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 23 Dec 23, 1869

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own

11. BIRTHPLACE (State or foreign country): Bristol, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James E. Nutwell

14. MOTHER'S MAIDEN NAME: Martha Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr Harry E. Price 409 3rd St. Eastport

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Infarction	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Ascending Colon	6 Mos
	(c) Cerebral Arteriosclerosis	1 yr.

153x
462

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Decubitus Ulcer

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 19 49, to 5/27/, 19 50, that I last saw the deceased alive on 5/27/, 19 50, and that death occurred at 6 30P m., from the causes and on the date stated above.

SIGNATURE: Frank M. Shipley (Degree or title) M.D. ADDRESS: 63 College Ave. Annapolis DATE SIGNED: 5/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5-30-50
NAME OF CEMETERY OR CREMATORY: Davidsonville Methodist
LOCATION (City, town, or county) (State): Davidsonville, Md.

DATE REC'D BY LOCAL REG.: May 29, 1950
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: B.L. Hopping and Son — ADDRESS: Annapolis, Maryland

RECEIVED
MAY 31 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04828

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Heights | LENGTH OF STAY (In this place) 40 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Furnace Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) BRUNO (Middle) (Last) PRUNCCI

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Jan. 10, 1870

9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Italy (Europe)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Rose E. Keagle

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalarteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Gustave A. Faubert M.D. (Assistant Medical Examiner) — Glen Burnie, Md — 5/25/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: May 27, 1950 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem. | LOCATION (City, town, or county) (State): 4430 Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG. May 26-50 | REGISTRAR'S SIGNATURE: A. W. Medinis

24. FUNERAL DIRECTOR — ADDRESS: Schimunek Funeral Home, Inc. 2601 3-5 E. Madison St.

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04829

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH · COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Pennsylvania COUNTY Northumberland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft Geo G Meade — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shamokin
HOSPITAL OR INSTITUTION OR STREET ADDRESS STATION HOSPITAL	STREET ADDRESS (If rural give location) 127 W. Mulberry Street

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) FRANCIS	(Last) PURCELL	4. DATE OF DEATH	(Month) May	(Day) 22	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9 Nov 1906	9. AGE last birthday 43 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY NO.	17. INFORMANT Personnel Records Ft Geo G Meade, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound of head, left temporal — Instant

976x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164 C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Barracks	(CITY OR TOWN) Ft Geo G Meade	(COUNTY) Anne Arundel	(STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I inspected the deceased from ~~19~~ to 22 May, 1950, ~~that I last saw the deceased alive on 19~~ and that death occurred at instant m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herbert J. Jacobs	Captain MC	Ft Geo G Meade, Md	May 22, 1950

23. BURIAL CREMATION REMOVAL (Specify) Removal	DATE, TIME OF REMOVAL 22 May 50	NAME OF CEMETERY OR CREMATORY Northumberland Mem	LOCATION (City, town, or county) (State) Northumberland Co. Pa.
DATE REC'D BY LOCAL REG. 22 May 50	REGISTRAR'S SIGNATURE E. K. BURNSIDE, Capt., MSC	24. FUNERAL DIRECTOR Lily & Zeiler, Inc	ADDRESS M.C. Farrow, Shamokin Pa. Balto, Md.

60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 24 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

04830

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 214 Prince George St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural give location): 13 Southgate Ave.

3. NAME OF DECEASED (Type or Print): (First) ELSIE (Middle) MAY (Last) REEDER

4. DATE OF DEATH: (Month) (Day) (Year): 5-5-50 19

5. SEX: Flemale

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 3,1882

9. AGE last birthday: 68 yrs. If under 1 year: Months 0 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give k'nd of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles A. Reeder

14. MOTHER'S MAIDEN NAME: Emma Bristo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Fanny McDonald 13 Southgate Ave Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	sudden
331x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under ying cause last 83a	(b) Arteriolosclerosis	unknown
	(c) Arterial Hypertension	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Annapolis (COUNTY): Anne Arundel (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 5-5-50 5 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?: Cerebral Hemorrhage sudden

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John M. Claffy M.D.
(Degree or title): Depty Medical Examiner for A.A. Co.
ADDRESS: 98 Gloucester St. Annapolis, Md.
DATE SIGNED: 5-5-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5-8-50
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Nr Brooklyn, Md. Rt. 50 Anne Arundel Co, Md.

DATE REC'D BY LOCAL REG.: May 8, 1950
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: B.L. Hopping and Son
ADDRESS: Annapolis, Md.

RECEIVED
NOV 9 1960
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04831

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Riviera Beach Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yrs

Hospital, institution, or street address where death occurred: 8208 Fort Smallwood Rd.

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Riviera Beach Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 8208 Fort Smallwood Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: GEORGE C. RESHNECK

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: May A.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 22nd 1875

8. AGE:

Years	Months	Days	If less than one day
75		26	..... hrs. ..... min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual occupation: Maintainance Man

11. Industry or business: Bethlehem Birfield Ship Yard

FATHER
12. Name: Charles Reshneck
13. Birthplace: Bohemia

MOTHER
14. Maiden name: Anna Huise
15. Birthplace: Bohemia

16. Informant: Elmer Reshneck
Address: 1025 Ashburton St. Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5/22/50 (month) (day) (year)

Cemetery or crematory: New Cathedral Cem.

Location: 4300 Old Frederick Rd.

18. Funeral director: John J. Cowan & Son
Address: 901 Hollins St

19. 5/19 1950 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 18 1950 at 6:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1950 to May 1950 and that I last saw him alive on May 17 1950

Immediate cause of death	DURATION
Coronary Thrombosis	1 day
Due to: Arteriosclerotic Cardio-Vascular Disease	5 years
Due to:	
Other conditions: 420.1 93d (Include pregnancy within 3 months of death)	

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: J. Bradley Smith, M.D. M. D. or other

Address: Riviera Beach, Md. Date signed: 5/18/50

3-264V

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04832

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severna Park — LENGTH OF STAY (in this place): 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedar Crest Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena Balto. 26 PO
STREET ADDRESS (If rural, give location): 8200 Fort Smallwood Road

3. NAME OF DECEASED (Type or Print): (First) Bertha R. (Middle) ROST (Last) (Winter)

4. DATE OF DEATH: (Month) May (Day) 31 st (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6/I/73

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Frank

14. MOTHER'S MAIDEN NAME: Amanda Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Cedar Crest Nursing Home Records. &Mrs. Marie Rollins, Dautr. add. (same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334x Immediate cause (a) General Arterio-Sclerosis — ?

83d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Right Hemiplegia — ?

(c) Hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/I4/50, 19....., to 5/28/50, 19....., that I last saw the deceased alive on 5/28/50, 19....., and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE: Gustave A. Rauber M.D. (Degree or title) — ADDRESS: Glen Burnie, Md. — DATE SIGNED: 5/3I/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 2, 1950 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. — LOCATION (City, town, or county) (State): A.A.Co., Md.

DATE REC'D BY LOCAL REG.: 5/31/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: C. Howard Evans — ADDRESS: 1400 S. Charles St. Balto. 30, Md.

25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of age shown on:

FILM No. G 126 JUN 7 1950

04833

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH — COUNTY: A.A. Co. Crownsville — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto
STREET ADDRESS (If rural, give location): 561 Chickadee Ct

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Russell (Last) Russell
4. DATE OF DEATH: (Month) 5 (Day) 20 (Year) 1950

5. SEX: FEMALE
6. COLOR OR RACE: CLO.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-5-1899
9. AGE last birthday: 49 50 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jerry Mitchell
14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Wm Walker 1818 N Spring St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARDIO-VASCULAR DISEASE

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1949 to May 20, 1950, that I last saw the deceased alive on May 20, 1950, and that death occurred at 7 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jacob Marquette M.D.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/24/50 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary — LOCATION (City, town, or county) (State): A.A. COUNTY

DATE REC'D BY LOCAL REG.: 5/24/50 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Rayner Sanders — ADDRESS: 1412 E Preston St

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04834

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 SOUTHGATE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural, give location) 62 SOUTHGATE AVE

3. NAME OF DECEASED (Type or Print) (First) LOUIS (Middle) A. (Last) SCHENKER

4. DATE OF DEATH (Month) (Day) (Year) 19 5-5-50

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH Aug 7, 1889
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROPRIETER
10b. KIND OF BUSINESS OR INDUSTRY RETAIL SHOE STORE
11. BIRTHPLACE (State or foreign country) LITHUANIA
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME UNKNOWN
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MANUEL SCHENKER 62 Southgate Annapolis, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary Thrombosis	30 min.
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Coronary Disease	
		(c) c̄ Angina Pectoris	6 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 1946, to May 5, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at 9.15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maurice Klawans, MD ADDRESS Annapolis, Md DATE SIGNED 5/5/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 5-7-50
NAME OF CEMETERY OR CREMATORY KNESETH ISRAEL
LOCATION (City, town, or county) (State) PAROLE, Md.

DATE REC'D BY LOCAL REG. May 7, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B. L. HOPPING & SON ADDRESS ANNAPOLIS, Md.

15666

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAY 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04835

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CLEARVIEW VILLEAGE PASADENA RD; LENGTH OF STAY (in this place) 27 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS MOUNTAIN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ANNE ARUNDEL; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PASADENA (RURAL); STREET ADDRESS (If rural give location) CLEAR VIEW VILLEAGE.

3. NAME OF DECEASED (Type or Print): (First) ELSIE (Middle) (Last) SCOTT

4. DATE OF DEATH: (Month) MAY (Day) 19 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED.

8. DATE OF BIRTH: FEB. 17, 1876

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): ANNE ARUNDEL COUNTY

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: RINGGOLD BLUNT

14. MOTHER'S MAIDEN NAME: ELSIE LINSTED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS. MYRTLE M. BULL 300 VINEYARD LANE BALTIMORE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute myocardial decompensation	1½ yrs.
443X 93a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	5 yrs.
	(c) arteriosclerosis	5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Jaundice, undetermined	3 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 23, 1950 to May 19, 1950, that I last saw the deceased alive on May 19, 1950 and that death occurred at 4:53 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Randall M. McLaughlin M.D 8605 Pasadena, Md. May 19, 1950

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: MAY 22 1950

NAME OF CEMETERY OR CREMATORY: MT. CARMEL

LOCATION (City, town, or county) (State): MOUNTAIN ROAD, A. A. Co. Md.

DATE REC'D BY LOCAL REG. 5/24/50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Thomas W. Langfitt Glen Burnie Md

RECEIVED
MAY 23 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04836

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn AAC
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY 4209 Ritchie Highway
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) James H. Vogelsang

4. DATE OF DEATH (Month) (Day) (Year) 5/10/50 19

5. SEX Male
6. COLOR OR RACE N.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12/2/1905
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Helper on truck
10b. KIND OF BUSINESS OR INDUSTRY Dry Dock
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Vogelsang
14. MOTHER'S MAIDEN NAME Florence B. Haban

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Mary Becker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Primary Carcinoma of Lung (Right) 3 months

162x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47d

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None - Cachexia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1950, to May 10, 1950, that I last saw the deceased alive on 5/9/50 19....., and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE Isaac Miller MD (Degree or title) ADDRESS 1228 Charles St Baltimore DATE SIGNED 5/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/13/50
NAME OF CEMETERY OR CREMATORY Baltimore
LOCATION (City, town, or county) (State) E North Ave

DATE REC'D BY LOCAL REG. May 12, 1950
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR J. J. Faber & Sons ADDRESS 988 4V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04837

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH
COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural nR Annapolis
STREET ADDRESS (If rural, give location) Box 201 Annapolis

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) L. (Last) WALKER JR.

4. DATE OF DEATH: (Month) May (Day) 12, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 8, 1950

9. AGE last birthday: 0 yrs. If under 1 year: Months 0, Days 5. If under 24 hrs.: Hours ---, Min. ---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry L. Walker

14. MOTHER'S MAIDEN NAME: Nellie R. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): nO (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Harry L. Walker Box 201 Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

762.5 **Immediate cause** (a) Atelectasis — 3 days

159 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (10 weeks)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1950, to May 12, 1950, that I last saw the deceased alive on May 12, 1950, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George A. Bosie M.D. ADDRESS Annapolis Md DATE SIGNED 5-13-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 5-13-50 — NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery — LOCATION (City, town, or county) (State): Glen Burnie, Md.

DATE REC'D BY LOCAL REG. May 13, 1950 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR: B. L. Hopping and Son — ADDRESS: Annapolsi, Md.

2-0-5-09-0.1-20-2-40-1

RECEIVED
MAY 16 1950
BUREAU V. S.

04838

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md.
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millersville ELVATON.
STREET ADDRESS (If rural give location) JUMPER HOLE ROAD.

3. NAME OF DECEASED (Type or Print) (First) Alvina (Middle) (Last) Wild
4. DATE OF DEATH (Month) May (Day) 17 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-5-00
9. AGE last birthday 49 yrs. If under 1 year Months 2 Days 12 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? NO
13. FATHER'S NAME Pete Pagel
14. MOTHER'S MAIDEN NAME CHRISTINA ORSCHEKOWSKI
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO - (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT JACOB GELLERT, MILLERSVILLE, MD. R.F.D. U.S. Naval Hospital (Records)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic Carcinoma, Liver	Months
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma, Sigmoid	Months
46e	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Laennec's Cirrhosis — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1949, to May 17, 1950, that I last saw the deceased alive on May 17, 1950, and that death occurred at 3 p m., from the causes and on the date stated above.

SIGNATURE G.M. Davis G.M. DAVIS (Degree or title) MD ADDRESS U.S. Naval Hospital, Annap., Md. DATE SIGNED 5-17-50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 5-20-50
NAME OF CEMETERY OR CREMATORY GLEN HAVEN
LOCATION (City, town, or county) (State) GLEN BURNIE, MD

DATE REC'D BY LOCAL REG. 5/19/50
REGISTRAR'S SIGNATURE [signature] Dr. French
24. FUNERAL DIRECTOR Richard V. Singleton ADDRESS Glen Burnie Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 24, 1960
BUREAU V. S.

04839

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eastport
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 628 Bay Ridge Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eastport
STREET ADDRESS (If rural, give location): 628 Bay Ridge Ave.

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) G (Last) WILLIAMS

4. DATE OF DEATH: (Month) (Day) (Year): 5-12-50 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug 17, 1870

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Roselle

14. MOTHER'S MAIDEN NAME: Mitalda Lorah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs A.E. Johnson — 326 6th Street, New Cumberland, Penn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Acute Dilatation of Heart — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Cardio-Renal Disease — unknown

(c): Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Eastport — (COUNTY): Anne Arundel — (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 5-12-50 1 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: sudden while in bed

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John M. Clafty M.D. (Degree or title): Depty Medical Examiner — ADDRESS: John M. Clafty M.D., for A.A. County, Md. 98 Gloucester St. Annapolis, Md. — DATE SIGNED: 5-12-5

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-15-50

NAME OF CEMETERY OR CREMATORY: Naval Cemetery

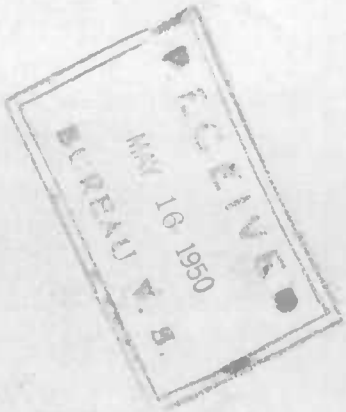
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: May 15, 1950

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: B.L. Hopping and Son — ADDRESS: Annapolis, Md.

XVX99


RECEIVED
MAY 16 1950
BUREAU U. S.

04840

Evidence for change of birth date is shown on:
FILM No. G 126 JUN 7 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Annapolis A A CO MD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospt Franklin & Cathedral Sts

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Magothy Rd Severna Park A.A Co Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) ---

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Walter Wilzgall (Last)
4. DATE OF DEATH (Month) 5th (Day) 27 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April -10- 23 -50
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Pieper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Adam Witzgall
14. MOTHER'S MAIDEN NAME Kate Gritzan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lee Burton 210 Hiltop Rd Brooklyn A A Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
162x Immediate cause	(a) Bronchiglenic carcinoma	6 months
47c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchiectasis and chronic	?
	(c) bronchitis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1950, to May 28, 1950, that I last saw the deceased alive on May 28, 1950, and that death occurred at 9 P.m., from the causes and on the date stated above.

SIGNATURE Randall M. McLaughlin (Degree or title) M.D. ADDRESS Pasadena, Md. DATE SIGNED May 28. 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 31- 50
NAME OF CEMETERY OR CREMATORY Baltimore Cem
LOCATION (City, town, or county) (State) E North Ave Balto Md

DATE REC'D BY LOCAL REG. May 30, 1950
REGISTRAR'S SIGNATURE A. W. Hedrick M.S.
24. FUNERAL DIRECTOR Edward Toulson 2359 Wash Blvd ADDRESS Balto 30 Md

65671

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04841

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Anne Arundel
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dividing Creek Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arnold
STREET ADDRESS (If rural give location) Dividing Creek Rd.

3. NAME OF DECEASED (Type or Print) (First) J. (Middle) Harry (Last) Wright

4. DATE OF DEATH (Month) May (Day) 14th (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 1st. 1874	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Musician - Retired	Band.	Maryland	

13. FATHER'S NAME Charles E. Wright

14. MOTHER'S MAIDEN NAME Ellen Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Mrs. Helen Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arteriosclerotic Cardiovascular-Renal Disease — 6 t mon

442X
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Decubitus Ulcer

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from 12/28/49, to 5/13/50, that I last saw the deceased alive on 5/13/50, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank M. Shipley	63 College Ave. Annapolis Md.	5/14/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/17/50	Baltimore	Baltimore	Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/15/50	A.W. Hedrick	John A. Moran	3000 E. Baltimore St.

Dom

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